## For Individuals

# Additional KYC Form for Opening a Demat Account

**Depository Participant Name/Address** 

#### (To be filled by the Depository Participant)

Application	No.						Date	D	D	Μ	Μ	Υ	Υ	Υ	Υ
DP Internal	Refe	rence	No.												
DP ID						Clie	nt ID								

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/ our name as per following details:-

#### **Holders Details**

	PAN							
Colo / Tirrat	UID							
Sole / First Holder's Name	UCC							
	Exchang	ge						
	Name 8	١D						
Second Holder's	PAN							
Name	UID							
Third Holder's	PAN							
Name	UID							

## Type of Account (Please tick whichever is applicable)

Status	Sub – Status						
Individual	<ul> <li>Individual Resident</li> <li>Individual Director's Relative</li> <li>Individual Promoter</li> <li>Individual Margin Trading A/C (MANTRA)</li> </ul>	<ul> <li>Individual-Director</li> <li>Individual HUF / AOP</li> <li>Minor</li> <li>Others(specify)</li></ul>					
	□ NRI Repatriable       □ NRI Non-R         □ NRI Repatriable Promoter       □ NRI Non-R         □ NRI - Depository Receipts       □ Others (spinor)	epatriable Promoter					
Foreign National	Foreign National Foreign National - Dependence	epository Receipts 🛛 Others (specify)					

Details of Guardian (in case the account holder is minor)

Guardian's Name		PAN						
Relationship with the applicant								
I / We instruct the DP to recei	e each and every credit in my / our account	[Automatic Credit]						
(If not marked, the default opt	🗆 Yes 🗆 No							
I / We would like to instruct th my /our account without any o								
(If not marked, the default option would be 'No')								
Account Statement Requirement	□ As per SEBI Regulation □ Daily □ We	eekly DFortnightly						
I / We request you to ser	d Electronic Transaction-cum-Holding Statemen	nt at the email ID	🗆 Yes 🗖 No					
I / We would like to share the email ID with the RTA								
I / We would like to receive the Annual Report								

I/ We wish to receive dividend / interest directly in to my bank account as given below through		
ECS (If not marked, the default option would be 'Yes')	🛛 Yes	🗆 No
[ECS is mandatory for locations notified by SEBI from time to time ]		

# Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)								
IFS Code (11 character)								
Account number								

Account	t type	🗆 Sav	ving	🛛 Cu	irrent	Others (s	oecify)			 
Bank N	ame									
Branch	Name									
Bank B	ranch Address									
City		State				Country	PIN code			

(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
 (ii) Photocopy of the Bank Statement having name and address of the BO
 (iii) Photocopy of the Passbook having name and address of the BO, (or)

(iv) Letter from the Bank.

> In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

Other Details	Income Range per annum:
Gross Annual Income	□ Up to Rs.1,00,000 □ Rs 1,00,000 to Rs 5,00,000 □ Rs 5,00,000 to Rs 10,00,000
Details	□ Rs 10,00,000 to Rs 25,00,000 □ More than Rs 25,00,000
	Net worth as on (Date)     D     D     M     Y     Y     Y     Rs
	[Net worth should not be older than 1 year]
Occupation	Private / Public Sector Govt. Service Business Professional Agriculture
	Retired Housewife Student Others (Specify)
Please tick , if applicable	e: Politically Exposed Person (PEP) Related to Politically Exposed Person (RPEP)
Any other information:	

SMS Alert Facility Refer to Terms & Conditions given as Annexure - 2.4	MOBILE NO. +91 [(Mandatory, if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).	
Easi	To register for <b>e</b> asi, please visit our website <u>www.cdslindia.com</u> . <b>E</b> asi allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

## MODE OF OPERATION FOR EXECUTION OF TRANSACTIONS (Transfer, Pledge & Freeze)

Jointly	Anyone of the Holder

Consent for Communication to be received by first account holder/ all Account holder: (Tick the applicable box. If not									
marked the default option would be first holder.									
first Holder	All Holder	Email id							
	Second Holder								
	Third Holder								

(Signature Here) 1.\_\_\_\_\_

(Signature Here) 2.\_\_\_\_\_